

LODGERS' TAX REPORT

HMC Section 3.08



_____ Submitter's Name	_____ Lodging Facility Name
_____ Submitter's Address	_____ Lodging Facility Address
_____ City, State, Zip	_____ City, State, Zip

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N. M. Taxation and Revenue Identification Number

Current Date _____ Report for Month of _____ Year _____

Gross Taxable Rent for Lodging	\$ _____
Lodgers' Tax (5% of Gross Taxable Rent)	\$ _____
If not paid on or before the 25th of the month following the month reported, add penalty of 10% or \$100.00, whichever is greater.	Enter in the penalty fee or Enter 0 \$ _____
TOTAL REMITTANCE →	\$ _____

I hereby swear or affirm that this report is true, accurate and correct to the best of my knowledge and belief.

Authorized Signature

Title

Phone

Email Address

For Official Use Only	
Date of Receipt or Postmark Date	_____
Data Entry Date	_____

CITY OF HOBBS
CITY CLERK'S OFFICE
200 EAST BROADWAY
HOBBS, NM 88240
(575) 397-9200

We accept cash, check or credit cards.
To pay by credit card, fax this Lodgers' Tax Report to
(575) 397-9334.